



052004

16562 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	04-0048
	First Inventor:	John Jianhua Chen et al.
	Title:	MEDICAL DEVICES HAVING MULTIPLE LAYERS
	Express Mail Label No.:	EV 451946258 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="35"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="3"/>	ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	10. <input type="checkbox"/> 37 CFR 3.73(b) <input checked="" type="checkbox"/> Power of Attorney Statement (when there is an assignee)	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input checked="" type="checkbox"/> IDS <input checked="" type="checkbox"/> Copies of IDS Citations (non US patents only)	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
	15. <input type="checkbox"/> Certified Copy of Priority Document	
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. <input type="checkbox"/> Other: _____ _____ _____	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No. Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="text" value="27774"/>		or	<input type="checkbox"/> Correspondence address below		
Name	Mayer Fortkort & Williams, PC						
Address	251 North Avenue West, 2 nd Floor						
City	Westfield	State	NJ		Zip Code	07090	
Country	USA	Telephone	908-518-7700		Fax	908-518-7795	
Name	Keum J. Park			Registration No.	42,059		
SIGNATURE				Date	May 20, 2004		

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FEE TRANSMITTAL Patent fees are subject to annual revision		Complete if Known	
		Application Number	Unassigned
		Filing Date	Filed Herewith
		First Named Inventor	John Jianhua Chen et al.
		Examiner Name	Unassigned
		Group Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT		(\$)	1458
		Attorney Docket No.	04-0048

<p style="text-align: center;">METHOD OF PAYMENT</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number 50-1047</p> <p>Deposit Account Name Mayer Fortkort & Williams</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="text-align: center;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td style="border: 1px solid black; text-align: center;">770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; text-align: center;">(\$ 770)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; text-align: center;">56</td> <td style="border: 1px solid black; text-align: center;">20</td> <td style="border: 1px solid black; text-align: center;">36</td> <td style="border: 1px solid black; text-align: center;">18</td> <td style="border: 1px solid black; text-align: center;">648</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">-</td> <td style="border: 1px solid black; text-align: center;">-</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> <td style="border: 1px solid black; text-align: center;">280 =</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>* Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>* Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; text-align: center;">(\$ 648)</td> </tr> </tbody> </table> <p><small>**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above</small></p> <p>SUBMITTED BY</p> <p>Name (Print/Type) Keum J. Park</p> <p>Signature </p>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee	770	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$ 770)	Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	56	20	36	18	648	Independent Claims	1	3	-	-	Multiple Dependent				280 =	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	280	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	* Reissue independent claims over original patent	1205	18	2205	9	* Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					(\$ 648)	<p>3. 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8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40																																																																																																																																																																																																																																																																																														
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))																																																																																																																																																																																																																																																																																															
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																																																																																																																															
1801	770	2801	385	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																															
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																															
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Applicant(s): John Jianhua Chen et al.

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Serial No.
UnassignedFiling Date
Filed HerewithExaminer
UnassignedGroup Art Unit
UnassignedInvention: **MEDICAL DEVICES HAVING MULTIPLE LAYERS**

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